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EXPRESS MAIL CERTIFICATE

Date 1/11/2000 Label No. EL503339803

I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner of Patents & Trademarks, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

D B Peck
Name (Print)

[Signature]
Signature

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR
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DARBY & DARBY P.C.

805 Third Avenue
New York, New York 10022
212-527-7700

Docket No: 1780/0F908

Hon. Commissioner of
Patents and Trademarks
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): Michael Delk; Augustus Felix

Title: ELECTRICALLY POWERED SURGICAL IRRIGATOR

including the items indicated:

1. Specification and 13 claims: 3 indep.; 10 dep.; 0 multiple dep.
2. ☒ Executed declaration and power of attorney
☐ Unexecuted declaration and power of attorney
3. ☒ Formal drawings, 6 sheets (Figs. 1-11)
☐ Informal drawings, sheets (Figs.)
4. ☒ Assignment for recording to: C.R. Bard, Inc.

01/11/00
jc544 U.S. PTO

jc530 U.S. PTO
09/481120
01/11/00

09481120-011100

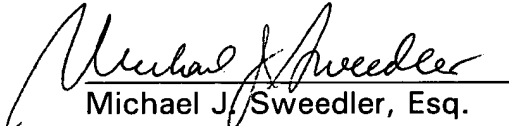
5. ☐ Verified Statement Claiming Small Entity Status
6. ☒ Check in amount of \$730.00, (\$690 filing; \$40 recording; \$0 surcharge)
(See attached **Fee Computation Sheet**)
7. ☐ Preliminary Amendment.
8. ☐ Please amend the description by inserting the following paragraph after the line containing the title on page 1:
"This patent application claims the priority of U.S. provisional patent application No. 60/_____, which is incorporated herein by reference."

Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:
Number:
Date:

The priority documents ☐ are enclosed
☐ will follow.

Respectfully submitted,



Michael J. Sweedler, Esq.
Reg. No. 19,937
Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$690.00
Total Claims	13 - 20	0	x \$18.00	\$0.00
Independent Claims	3 - 3	0	x \$78.00	\$0.00
Multiple Dependent Claims		0 - if so, add	\$260.00	\$0.00
Surcharge for late submission of filing fee and/or declaration (\$130.00)				\$0.00
SUBTOTAL				\$690.00
<input type="checkbox"/> Small Entity REDUCTION (Half of Subtotal)				\$0.00
Fee for recordation of assignment (\$40.00)				\$40.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL				\$730.00